Form Approved OMB No. 0930-0269 Expiration Date 09-30-2007

DATE:  _ _     CT_MO CT			
MOTHER'S ID#			
EVALUATION PHASI	E: Intake   1 3-months   3 6-months   4 Discharge   6		
PERSON COMPLETI	CT_INTERVIEWER GRANT# TI   _   _   _   CT_SITE		
PPW CRAFFT			
Please check a YES	or NO response to each of the following questions.		
	<u>Yes</u>	No	
CT_CAR	C Have you ever ridden in a <b>car</b> driven by someone (including yourself) who was "high" or had been using alcohol or drugs? Yes □1	No <b>0</b>	
CT_RELAX	<b>R</b> Do you ever use alcohol or drugs to <b>relax</b> , feel better about yourself, or fit in?	No 🔲 0	
CT_ALONE	<b>A</b> Do you ever use alcohol or drugs while you are by yourself, <b>alone</b> ? Yes □1	No <b>0</b>	
CT_FORGET	<b>F</b> Do you ever <b>forget</b> things you did while using alcohol or drugs? Yes □1	No <b>0</b>	
CT_FRIENDS	F Do your family or <b>friends</b> ever tell you that you should cut down on your drinking or drug use?	No 🔲 0	
CT_TROUBLE	T Have you ever gotten into <b>trouble</b> while you were using alcohol or drugs?	No <b>0</b>	

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Public reporting burden for this collection of information is estimated to average 5 minutes per response; including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 7-1045, 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0269